

**COMBINED DECLARATION & POWER OF  
ATTORNEY FOR UTILITY OR DESIGN  
PATENT APPLICATION (37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

TI-35560

First Named Inventor

Andrew W. Lueck

**COMPLETE IF KNOWN**

Application Number

TBD

Filing Date

Herewith

Art Unit

TBD

Examiner Name

Not assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PCI Express to PCI Translation Bridge**

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PTC International

Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

**POWER OF ATTORNEY**

I hereby appoint Practitioners at Customer Number 23494, Texas Instruments Incorporated, as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. I also hereby authorize said practitioners to insert the filing date and/or application number, above, when known.

**FOREIGN APPLICATION PRIORITY CLAIM**

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor' or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|----------------------------------------|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|                                        |         |                                     |                          | YES                      | NO                       |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                        |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION & POWER OF ATTORNEY - Utility or Design Patent Application

Direct all correspondence  
to:



Customer Number  
or Bar Code Label

2 3 4 9 4

OR ☐

Correspondence address below

Name **Texas Instruments Incorporated**

Address **Patent Activity**

City **Dallas**

State **TX**

ZIP **75265**

Country **U.S.A.**

Telephone **(972) 917-5452**

Fax **(972) 917-4418**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **Andrew W.**

Family Name  
or Surname **LUECK**

Inventor's  
Signature

Date

Residence: City **Plano**

State **TX**

Country **U.S.A.**

Citizenship **U.S.A.**

Mailing Address **3308 Stone Glen Drive**

City **Plano**

State **TX**

ZIP **75074**

Country **U.S.A.**

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **Kevin K.**

Family Name  
or Surname **MAIN**

Inventor's  
Signature

Date

**4-14-2003**

Residence: City **Plano**

State **TX**

Country **U.S.A.**

Citizenship **U.S.A.**

Mailing Address **3425 Mason Drive**

City **Plano**

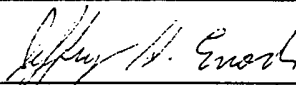
State **TX**

ZIP **75025**

Country **U.S.A.**

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

## DECLARATION & POWER OF ATTORNEY - Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                               |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <b>23494</b>                                                                  | OR <input type="checkbox"/> Correspondence address below |
| Name <b>Texas Instruments Incorporated</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                               |                                                          |
| Address <b>Patent Activity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                               |                                                          |
| City <b>Dallas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State <b>TX</b>                                                       | ZIP <b>75265</b>                                                              |                                                          |
| Country <b>U.S.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone <b>(972) 917-5452</b>                                       | Fax <b>(972) 917-4418</b>                                                     |                                                          |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> |                                                                       |                                                                               |                                                          |
| NAME OF THIRD INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |
| Given Name (first and middle [if any]) <b>Jeffrey H.</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Family Name or Surname <b>ENOCH</b>                                           |                                                          |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Date <b>4-14-03</b>                                                           |                                                          |
| Residence: City <b>McKinney</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State <b>TX</b>                                                       | Country <b>U.S.A.</b>                                                         | Citizenship <b>U.S.A.</b>                                |
| Mailing Address <b>301 Faircloud Lane</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                               |                                                          |
| City <b>McKinney</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State <b>TX</b>                                                       | ZIP <b>75070</b>                                                              | Country <b>U.S.A.</b>                                    |
| NAME OF FOURTH INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |
| Given Name (first and middle [if any]) <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Family Name or Surname                                                        |                                                          |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Date                                                                          |                                                          |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State                                                                 | Country                                                                       | Citizenship                                              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                               |                                                          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                 | ZIP                                                                           | Country                                                  |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                               |                                                          |

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Attorney Docket Number

TI-35560

First Named Inventor

Andrew W. Lueck

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Application Number

TBD

Filing Date

Herewith

Art Unit

TBD

Examiner Name

Not assigned

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**PCI Express to PCI Translation Bridge**

*(Title of the Invention)*

the specification of which



is attached hereto

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was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PTC International

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## **FOREIGN APPLICATION PRIORITY CLAIM**

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor' or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application  
Number(s)

Country

Foreign Filing Date  
(MM/DD/YYYY)

Priority  
Not Claimed

Certified Copy Attached?  
YES NO

|                          |
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| <input type="checkbox"/> |
| <input type="checkbox"/> |

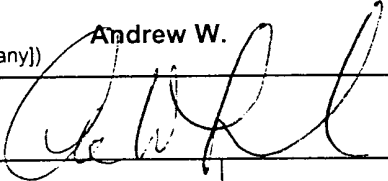
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| <input type="checkbox"/> |
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION & POWER OF ATTORNEY - Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                               |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <b>2 3 4 9 4</b>                                                              | OR <input type="checkbox"/> Correspondence address below |
| Name <b>Texas Instruments Incorporated</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                               |                                                          |
| Address <b>Patent Activity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                               |                                                          |
| City <b>Dallas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State <b>TX</b>                                                       | ZIP <b>75265</b>                                                              |                                                          |
| Country <b>U.S.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone <b>(972) 917-5452</b>                                       | Fax <b>(972) 917-4418</b>                                                     |                                                          |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> |                                                                       |                                                                               |                                                          |
| NAME OF FIRST INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |
| Given Name (first and middle [if any]) <b>Andrew W.</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Family Name or Surname <b>LUECK</b>                                           |                                                          |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Date <b>6/11/2003</b>                                                         |                                                          |
| Residence: City <b>Plano</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State <b>TX</b>                                                       | Country <b>U.S.A.</b>                                                         | Citizenship <b>U.S.A.</b>                                |
| Mailing Address <b>3308 Stone Glen Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                               |                                                          |
| City <b>Plano</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State <b>TX</b>                                                       | ZIP <b>75074</b>                                                              | Country <b>U.S.A.</b>                                    |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |
| Given Name (first and middle [if any]) <b>Kevin K.</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | Family Name or Surname <b>MAIN</b>                                            |                                                          |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Date                                                                          |                                                          |
| Residence: City <b>Plano</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | State <b>TX</b>                                                       | Country <b>U.S.A.</b>                                                         | Citizenship <b>U.S.A.</b>                                |
| Mailing Address <b>3425 Mason Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                               |                                                          |
| City <b>Plano</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State <b>TX</b>                                                       | ZIP <b>75025</b>                                                              | Country <b>U.S.A.</b>                                    |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                               |                                                          |

## DECLARATION & POWER OF ATTORNEY - Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                               |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | <b>2 3 4 9 4</b>                                                              | OR <input type="checkbox"/> Correspondence address below |
| Name <b>Texas Instruments Incorporated</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                               |                                                          |
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| Country <b>U.S.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone <b>(972) 917-5452</b>                                       | Fax <b>(972) 917-4418</b>                                                     |                                                          |
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| NAME OF THIRD INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |
| Given Name (first and middle [if any]) <b>Jeffrey H.</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | Family Name or Surname <b>ENOCH</b>                                           |                                                          |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Date                                                                          |                                                          |
| Residence: City <b>McKinney</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State <b>TX</b>                                                       | Country <b>U.S.A.</b>                                                         | Citizenship <b>U.S.A.</b>                                |
| Mailing Address <b>301 Faircloud Lane</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                               |                                                          |
| City <b>McKinney</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State <b>TX</b>                                                       | ZIP <b>75070</b>                                                              | Country <b>U.S.A.</b>                                    |
| NAME OF FOURTH INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |
| Given Name (first and middle [if any]) <b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Family Name or Surname                                                        |                                                          |
| Inventor's Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       | Date                                                                          |                                                          |
| Residence: City                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State                                                                 | Country                                                                       | Citizenship                                              |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                               |                                                          |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                 | ZIP                                                                           | Country                                                  |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                               |                                                          |